

## **Affidavit Regarding Monthly Affidavits & Semi-Annual Tax Filings**

I hereby certify that, under penalty of perjury, I \_\_\_\_\_  
(Designated/Responsible Producer)  
on behalf of \_\_\_\_\_ have read the Instructions and  
(Name of Agency)  
Frequently Asked Questions on the Department's website at [www.in.gov/idoi](http://www.in.gov/idoi) under  
Producers by scrolling down to the Surplus Lines Bullet. Pursuant to Indiana Code § 27-  
1-15.8-4(c) & (d), I understand that I am required to file an affidavit and monthly report  
on or before the twentieth day of each month that specifies all transactions, policies, and  
contracts procured during the preceding calendar month, (only if surplus lines business is  
written for that particular month) including:

- (1) the description and location of the insured property or risk and the name of the insured;
- (2) the gross premium charged in the policy or contract; and
- (3) the name and home office address of the insurer whose policy or contract is issued, and the kind of insurance effected.

Furthermore, I understand that the surplus lines semi-annual tax report with surplus lines taxes are due on or before February 1 and August 1 of each year. (Must be submitted even if no business is written for the past six months) I understand these filings are my responsibility and if these required filings are not received by the Department on or before the dates indicated, the Commissioner may take enforcement action against my surplus lines license.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date Signed